

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034637

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4322

VS 300
Rev. 4/59

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281542

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in 1b
FEW MINUTES

c. CITY OR TOWN MISSION

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION DEAD ON ARRIVAL
ST. MARYS HOSPITALInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
5520 ROE AVENUEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
MARION O BENSON4. DATE OF DEATH
Month Day Year
AUGUST 21st 19625. SEX
MALE6. COLOR OR RACE
CAUCASIAN7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
8/22/19009. AGE (last birthday)
61IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
RAILROAD
SIGNAL MAINTAINER10b. KIND OF BUSINESS OR INDUSTRY
K.C. TERMINAL R.R. WAKENDA, MO.11. BIRTHPLACE (City and state or country)
U. S. A.12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

WILLIAM F. BENSON

13b. MOTHER'S MAIDEN NAME

VIOLA MANNING

14. NAME OF HUSBAND OR WIFE

MRS. ZELMA BENSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
MRS. ZELMA BENSON 5520 ROE AVENUE,
MISSION, KANSAS18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral-Vascular Hem
A-SINTERVAL BETWEEN
ONSET AND DEATH
1 hrConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 1953 to 6-8-62 and last saw him alive on 6-8-62
Death occurred at 2.20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

REMOVAL AUG. 23, 1962 JOHNSON COUNTY MEM. GARDENS, JOHNSON CO. KANSAS

24. FUNERAL DIRECTOR 1331 Brush Creek Blvd.
D.W. Newcomer's Sons, Kansas City, Mo

25. DATE RECD. BY LOCAL REG. 8-22-62

26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Thomas W. Pearson

Licensed Embalmer No. 4889

P. O. Address

Lathrop, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above: